

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: **G. F. SIGURJONSSON**
 SERIAL NO.: 10/725,602
 FILED: December 3, 2003
 FOR: Wound Dressing



CONFIRMATION NO. 4656
 GROUP ART UNIT: 3772
 EXAMINER: Lewis, Kim
 ATTY. REFERENCE: SIGU3007/JEK/JJC

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a communication/amendment in the above-identified application.

- ☐ Small entity status under 37 CFR 1.9 and 1.27 is claimed.
☒ No additional fee is required.

The fee, if any, has been calculated as shown below:

| Fee Basis | Number of Claims After Amendment | Highest Number Previously Paid For | Extra Claims | Small Entity | Full Fee |
|--|----------------------------------|------------------------------------|------------------|--------------|---------------|
| Total Claims | 10 | - 20 ¹ | = 0 ³ | × \$ 25 = | × \$ 50 = |
| Independent Claims | 2 | - 3 ² | = 0 ³ | × \$ 100 = | × \$ 200 = |
| <input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim | | | | + \$ 180 = | + \$ 360 = |
| TOTAL | | | | | \$0.00 |

¹ If less than 20 enter 20.

² If less than 3 enter 3.

³ If less than 0 enter 0.

- ☐ Please charge my **Deposit Account Number 02-0200** in the amount of \$. A duplicate copy of this sheet is attached.
☐ A check in the amount of \$ is attached.
☒ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to **Deposit Account Number 02-0200**.
☐ Also enclosed is/are:

23364

Customer Number
 Phone: (703) 683-0500

DATE: May 9, 2008

Respectfully submitted,

JUSTIN J. CASSELL
Attorney for Applicant
 Registration Number: 46,205